### PRINTED: 11/03/2010 DEPARTMENT OF HEALTH AND h AN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 445494 11/01/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7824 RHEA COUNTY HWY** LIFE CARE CENTER OF RHEA COUNTY DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 10 (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K029 K 029 K-029 NFPA 101 LIFE SAFETY CODE STANDARD SS=D 11 5 10 CORRECTIVE ACTION: One hour fire rated construction (with 3/4 hour All penetrations in the mechanical room fire-rated doors) or an approved automatic fire have been corrected as of 11/05/2010. extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When RESIDENTS WITH POTENTIAL TO the approved automatic fire extinguishing system BE AFFECTED: option is used, the areas are separated from other spaces by smoke resisting partitions and All residents have the potential to be doors. Doors are self-closing and non-rated or affected. field-applied protective plates that do not exceed SYSTEMIC CHANGES: 48 inches from the bottom of the door are permitted. 19.3.2.1 All areas will be checked for penetrations and corrected by maintenance. MONITORING: This STANDARD is not met as evidenced by: Any concerns will be addressed in the Based on observation, the facility failed to assure monthly safety committee meeting, hazardous area one (1) hour fire rated which consist of the Executive Director. construction is maintained. DON, Activity Director, Central Supply Clerk, Maintenance Director, Human The findings include: Resources, Dietary Manager, Housekeeping/Laundry Director and Observation on November 1, 2010 at 9:55 a.m. Rehab Manager for the next 4 months. revealed numerous penetrations throughout mechanical room (4). K 051 NFPA 101 LIFE SAFETY CODE STANDARD K 051 SS=F A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of

Any deficiency statement enging with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Facility ID: TN7202

TITLE

Event ID: 8UL721

If continuation sheet Page 1 of 5

(X8) DATE

program participation.

## DEPARTMENT OF HEALTH AND I. AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 445494 11/01/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7824 RHEA COUNTY HWY** LIFE CARE CENTER OF RHEA COUNTY DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (X4) ID ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 051 Continued From page 1 K 051 tests are available. A reliable second source of K051 power is provided. Fire alarm systems are ialnho maintained in accordance with NFPA 72 and CORRECTIVE ACTION: records of maintenance are kept readily available. We have requested a quote for the There is remote annunciation of the fire alarm correction of the strobe light system to an approved central station. synchronization. The quote will be 9.6 received and signed by 12/17/2010. We have received a quote for the installation of an interface module for FACP to monitor the simplex dialer. This will be corrected by 12/17/2010. RESIDENTS WITH POTENTIAL TO BE AFFECTED: All residents have the potential to be affected. This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure SYSTEMIC CHANGES: the fire alarm system properly operated all the A quote for the correction of the strobe required visual devices when activated. lights will be obtained. The interface module for FACP to monitor the The findings include: simplex dialer will be corrected. Observation on November 1, 2010 at 11:20 a.m. MONITORING: revealed the visual strobe lights throughout the The Executive Director will monitor the building were not properly synchronized upon progress and completion of the project. activation of the fire alarm system. The PI committee will be informed Based on observation, the facility failed to assure when the corrections have been made. the fire alarm system is maintained to ensure the The PI committee, consisting of safety of the residents. Executive Director, DON, Staff Development Coordinator, Medical The findings include: Director, Pharmacy Consultant, Business Office Manager, Social Observation on November 1, 2010 at 2:06 p.m. Services, Health Information revealed the supervisory alarm for loss of phone Management, Human Resources, dialer was not received within two hundred (200) Dietary, and Housekeeping/Laundry seconds to the remote enunciator panel at the Director. nurse station.

# DEPARTMENT OF HEALTH AND H AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2010 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILI		ONSTRUCTION O1 - MAIN BUILDING 01	COMPLE	
		445494	B. WING	3		11/0	1/2010
	ROVIDER OR SUPPLIER	A COUNTY		7824 R	ADDRESS, CITY, STATE, ZIP CODE HEA COUNTY HWY ON, TN 37321		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECEACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 051	Observation on No revealed the Fire A was located in the a continuously more a closed room not NFPA 101 LIFE SA Heating, ventilating with the provisions in accordance with	age 2 ovember 1, 2010 at 2:07 p.m. Narm Control Panel (FACP) mechanical room and is not in nitored location. (FACP was in normally occupied by staff). AFETY CODE STANDARD g, and air conditioning comply of section 9.2 and are installed the manufacturer's 9.5.2.1, 9.2, NFPA 90A,	K 0	67	K067  CORRECTIVE ACTION: The linen was removed from the linen was removed.  RESIDENTS WITH POTENT BE AFFECTED: All residents have the potential affected.	he area on	11 22 0
K 075 SS=D	Based on observational clean linen closets. The findings include Observation on No revealed the clean beauty salon has right NFPA 101 LIFE Solided linen or trast exceed 32 gal (12 density of contained does not exceed 32 gal (any 64 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft (5.9-st or trash collection greater than 32 gal sales and 54 sq ft or trash collection greater than 32 gal sales and 54 sq ft or trash collection greater than 32 gal sales and 54 sq ft or trash collection greater than 32 gal sales and 54 sq ft or trash collection greater than 32 sq ft or trash collection greater than 32 sq ft or tra	ovember 1, 2010 at 11:00 a.m. linen closet across from the no positive air flow.  AFETY CODE STANDARD  The collection receptacles do not 1 L) in capacity. The average of capacity in a room or space of gal/sq ft (20.4 L/sq m). A (121 L) is not exceeded within 1 q m) area. Mobile soiled linen receptacles with capacities I (121 L) are located in a room cardous area when not	Κo	175 S M B S M D D	EYSTEMIC CHANGES: Laundry staff was in-serviced atorage of linen.  MONITORING: Housekeeping/Laundry Director conitor storage for the next 3 mor compliance. The PI committonsisting of Executive Director taff Development Coordinator Medical Director, Pharmacy Consiness Office Manager, Social ervices, Health Information Management, Human Resources Dietary, and Housekeeping/Laundricctor, will review findings and ecommendations according to fee	or will nonths tee, r, DON, r, onsultant, al s, endry	

## DEPARTMENT OF HEALTH AND IA. AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445494	A. BUILDIN		V. 110/11/12/22/11/0/51	(X3) DATE SURVEY COMPLETED 11/01/2010	
*440/59475553 (6)	ROVIDER OR SUPPLIER	A COUNTY		78	EET ADDRESS, CITY, STATE, ZIP CODE 824 RHEA COUNTY HWY AYTON, TN 37321		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	2000	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 075	Continued From page 3  This STANDARD is not met as evidenced by:		ΚC	)75	CORRECTIVE ACTION: Smaller bags, not to exceed to 3 gallons combined, have been or		12/17/10
	Based on observat soiled linen/trash o than thirty two (32)	ion, the facility failed to assure ollection receptacles greater gallon are located in a room ardous area when not	×		replace current bags.  RESIDENTS WITH POTENTI BE AFFECTED: All residents have the potential affected.		9
* *	a.m. and 3:00 p.m. linen/trash collection	vember 1, 2010 between 9:00 revealed double bag soiled on receptacles greater than 32 corridor at patient rooms 25,			SYSTEMIC CHANGES: Nursing and Housekeeping/Lau staff will be in-serviced on the u the bags.		
K 147 SS=F	NFPA 101 LIFE SA Electrical wiring an	AFETY CODE STANDARD  d equipment is in accordance tional Electrical Code. 9.1.2	<b>K</b> 1	Housek monitor months. of Execu	MONITORING: Housekeeping/Laundry Director monitor for compliance for the months. The PI committee, consof Executive Director, DON, St. Development Coordinator, Med Director, Pharmacy Consultant,	next 3 sisting aff	
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.  The findings include:		a		Business Office Manager, Social Services, Health Information Management, Human Resources Dietary, and Housekeeping/Lau Director, will review findings at recommendations according to the	s, ndry nd make	
	Observation on No a.m. and 3:00 p.m. and cables were la	vember 1, 2010 between 9:00 revealed low voltage wiring ying on ceiling tiles throughout left in a neat and workmanlike					a 2
	Observation on No	vember 1, 2010 between 9:00					

## DEPARTMENT OF HEALTH AND H. AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	Ø <sub>3</sub>	445494	B. WING _		11/01/2010
	ROVIDER OR SUPPLIER	A COUNTY	7	REET ADDRESS, CITY, STATE, ZIP CODE 824 RHEA COUNTY HWY DAYTON, TN 37321	8
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
K 147	a.m. and 3:00 p.m installed in patient	age 4 revealed electrical powerstrips rooms 09, 17, and 18 y to oxygen concentrators.	K 147	K147  CORRECTIVE ACTION: All wiring will be secured in no workmanlike manner according NFPA 70.	2  7  0 eat and g to
				Powerstrips were removed on 11/01/2010 where medical equivas plugged into them.  RESIDENTS WITH POTENT BE AFFECTED: All residents have the potential affected.	IALTO
				SYSTEMIC CHANGES: Maintenance will monitor any ovendors for compliance on wiriwiring will be secured by 12/1 Maintenance will monitor electrowerstrips for correct type and weekly prevention maintenance	ng. All 7/2010. rical Luse on
			ē	MONITORING: Any concerns will be addressed monthly safety committee meet which consist of the Executive I	ing,
				DON, Activity Director, Central Clerk, Maintenance Director, Ho Resources, Dietary Manager, Housekeeping/Laundry Director Rehab Manager for the next 4 m	and